Division of Program Compliance – Audits Branch 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

November 18, 2009

Leslie Tremaine, Ed.D., Director Santa Cruz County Mental Health and Substance Abuse Services 1400 Emeline Avenue, Bldg. K Santa Cruz, CA 95060

Dear Dr. Tremaine:

#### **AUDIT REPORT - SANTA CRUZ COUNTY MENTAL HEALTH SERVICES**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Cruz County Mental Health Services for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### **Net Program Costs**

Fodoral Chara of	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 11,737,914	\$ 11,582,131	\$ (155,783)
Federal Share of Healthy Families/Medi-Cal	\$ 184,582	\$ 172,767	\$ (11,815)
State General Funds EPSDT Due State	\$ 3,481,268	\$ 3,469,375	\$ (11,893)

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Leslie Tremaine, Ed.D., Director November 18, 2009 Page Two

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

TONY GAAN, Supervisor

Audits - Bay and Central Region

**Enclosures** 

Certified Mail

tc 11/18/09

# SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

					Audit	
		_	As Settled	. <u>-</u>	Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL						
PROGRAM COSTS						
·						
COUNTY PROVIDERS						
MEDI-CAL - FFP	(Sch. 2a)	\$	6,203,067	\$	310,384 \$	6,513,451
HEALTHY FAMILIES - FFP	(Sch. 2a)		70,104		(6,925)	63,179
TOTAL FFP - COUNTY PROVIDERS		\$ _	6,273,171	\$	303,459 \$	6,576,630
CONTRACT PROVIDERS						
MEDI-CAL - FFP	(Sch. 3b)	\$	5,534,847	\$	(466,167) \$	5,068,680
HEALTHY FAMILIES - FFP	(Sch. 3b)		114,478		<u>(4,890)</u>	109,588
TOTAL FFP - COTRACT PROVIDERS		\$	5,649,325	\$	(471, <u>057)</u> \$	5,178,268
TOTAL FFP - COUNTY PLUS CONTRACT F	PROVIDERS					
MEDI-CAL - FFP		\$	11,737,914	\$	(155,783) \$	11,582,131
HEALTHY FAMILIES - FFP		-	184,582		(11,815)	172,767
TOTAL FFP - COUNTY PLUS CONTRACT F	PROVIDERS	\$	11,922,496	s	(167,598) \$	11,754,898
		=	=======================================	_	<del></del> _	
SUMMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch 4)		3,481,268		(11,894) \$	3,469,375
	* *	_	<del></del>			

# SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

#### COUNTY OPERATED FEDERAL

						Audit		
				As Settled	_	Adjustments		As Audited
Tot	al Medi-Cal Gross Reimbursement					_		_
1	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		9,021,830		(30,822)		8,991,008
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		26,512		(662)		25,850
5	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		82,740	_	(5,163)		_77,577
9.	Total		\$=	9,131,082	\$	(36,646)	\$_	9,094,436
Les	s: Patient & Other Payor Revenues							
10	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		67,870		0		67,870
12	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18	Total		\$ <u></u>	67,870	. S _	0	\$_	67,870
Med	di-Cal Net Reimbursement for Direct Services					•		
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		8,980,472		(31,484)		8,948,988
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)		82,740		(5,163)		77,577
25.	Total		\$_	9,063,212	\$ _	(36,646)	\$ _	9,026,566
Med	li-Cal MAA Reimbursement							
26	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	107,249	\$	0	\$	107,249
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		207,101		(2,509)		204,592
28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)		63,456	_	(769)	_	62,687
29	Total		\$	377,806	\$_	(3,278)	\$ <u></u>	374,528

# SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL			As Settled		· Audit Adjustments		As Audited
Amount Negotiated Rates Exceed Cost		_		-		_	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total	, , ,	\$ _	0	\$_	0	\$ <u>_</u>	0
Medi-Cal Administrative Reimbursement							
37 Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	3,373,457	\$	(17,475)	\$	3,355,982
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	1,471,022	\$	735,501	\$	2,206,523
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	1,471,022	-	735,501	\$ =	2,206,523
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Li	mit (MH1979, Ln 8)	\$	26,072	\$	(823)	\$	25,249
41. Healthy Families Administration	(MH1979, Ln 9)	s <sup>-</sup>	25,299	\$	(5,678)	_	19,621
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ =	25,299	\$_	(5,678)	_	19,621
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	1,004,166	\$	(158,777)	\$	845,389
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ <u></u>	30,903	\$ =	158,777	\$ =	189,680
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	4,476,980	\$	(15,411)	\$	4,461,569
46. Enhanced (Children)	(MH1979, Ln 17,17A)	-	17,233		(430)		16,803
47. Enhanced (Refugees)	(MH1979, Ln 18)		, 0		, o		, 0
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	204,767		(1,831)		202,936
49. Administrative Reimbursement	(MH1979, Ln 6)		735,511		367,751		1,103,262
50. U.R. Skilled Professional	(MH1979, Ln 14)		753,125		(119,083)		634,042
51. U.R. Other	(MH1979, Ln 15)		15,452		79,388		94,840
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP		\$ _	6,203,067	\$_	310,383	\$_	6,513,451
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # )	_	0	_	0	_	0
56. Total SD/MC Reimbursement - FFP		\$	6,203,067	\$	310,383	\$	6,513,451
Net Healthy Families Reimbursement - FFP		_		-		_	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	53,781	\$	(3,356)	\$	50,425
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)		16,444		(3,690)		12,754
60. Total Healthy Families Reimbursement - FFP	,	\$ <u></u>	70,225	\$ <u></u>	(7,046)	\$ 	63,179
61. Total - FFP (Ln 56 + Ln 60)		\$	6,273,292	\$	303,337	<b>\$</b>	6,576,630
				=			(To Sch. 1)

#### SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity		(1).  Medi-Cal and Crossover Gross Reimb.	(2) Enhanced - Children Gross Relmb.	Enhanced - Refugees Gross Reimb.	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Relmb.	(\$)  Medi-Cal and Crossover Gross Reimb.	(7) Enhanced - Children Gross Relmb.	Enhanced - Refugees Gross Reimb.	Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Reimb
Number	Legal Entity		E N P	A T E					<u>teria e il e </u>	ENT	
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00115	Seneca Center	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	30,946 \$	0 \$	0 \$	30,946 \$	0
00232	Dominican	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	385.932 \$	0
00439	Volunteer Center	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	460,213 \$	0 \$	0 \$	460,213 \$	3,292
00440	SCCCC	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	5,438,990 \$	7,753 \$	0 \$	5,446,743 \$	132,626
00442	Front St	\$ . 0 \$	0 \$	0 \$	0 \$	0 \$	2.658,950 \$	0 \$	0 \$	2.658.950 \$	0
00443	SC FSA	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	313,691 \$	3,458 \$	0 \$	317,149 \$	0
00595	PV FSA	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	1,925 \$	0 \$	0 \$	1.925 \$	0
00656	PV Prev & SA	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		3,139 \$	0 \$	502,851 \$	154
00657	Parents Center	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	917,191 \$	11,087 \$	0 \$	928,278 \$	22 746
00964	Unity Care	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	397,868 \$	0 \$	0 \$	397.868 \$	16.093
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	GRAND TOTAL	\$ 0 \$	0 \$				11,105,418	25,437 \$		11,130,855 \$	174,911

#### SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

Legal	•	Ą	(11) Total Revenue	(12) Healthy Families	(13) Total Revenue	(14) Healthy Families	(15) Total Net Cost	(15) Net Cost	(17) Total Net Cost	(18) Net Cost	(19) Total MAA
Entity			(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity	Γ	INPATE		OUTPAT	ENT	INPAI	LENT	QUIPA	TIENT	Reimbursement
•		_	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)					Ln 11-13)
	Seneca Center	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	30,946 \$		0
	Dominican	\$	0 \$	0 \$	3.828 \$	0 \$	0 \$	0 \$	382,104 \$		0
00439	Volunteer Center	\$	0 \$	0 \$	400 \$	0 \$	0 \$	0 \$	459.813 \$		0
00440 00442	scccc	\$	0 \$ 0 \$	0 <b>\$</b> 0 <b>\$</b>	36,617 \$	0 \$	0 \$	0 \$	5,410,126 \$		0
00442	Front St SC FSA	9	0 \$	0 \$ 0 \$	8,603 <b>\$</b> 75 <b>\$</b>	0 \$ 0 \$	0 \$ 0 \$	0 <b>\$</b> 0 <b>\$</b>	2,650.347 \$ 317,074 \$	0 \$ 0 \$	U
00595	PVFSA	9	0.\$	0.5	75 \$ 0 \$	0 \$	0.5	0 \$	1,925 \$		0
	PV Prev & SA	\$	0.\$	0 \$	4.528 \$	0.5	0.\$	0 \$	498,323 <b>\$</b>		n
00657	Parents Center	Š	0 \$	0 \$	673 \$	0.5	0.5	0 \$	927.605 \$		o o
	Unity Care	\$	0 <b>\$</b>	0 \$	0 \$	0 \$	0 \$	0 \$	397,868 \$		Õ
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	GRAND TOTAL	\$			54,724 \$	0 \$	0 \$	0_\$	11,076,131	174,911	0

#### SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity <u>Number</u>	<u>Legal Entity</u>	6 [	(20) Neg. Rates Exceed Costs (Excl. HFP) I.N.P.A.1	Neg. Rates Exceed Costs Healthy Familles	(22) Neg. Rates Exceed Costs (Excl. HFP) O. U.T. P. A (MH 1968)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	Healthy Families Reimbursement (FFP) (MH 1979, Ln 27)	Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract Maximum	(28)  Lower of FFP or Contract  Maximum	Insufficient match for FFP	Audited FFP
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)							
00115	Seneca Center	\$	0 \$	0 \$	0 \$	0 \$	15,473 \$	0 \$	15,473 \$	50,000	15,473 \$	(9,290) \$	6,183
00232	Dominican	\$	0 \$	Ŏ \$		0 \$		0 \$		611,000		(128,784) \$	62,268
00439	Volunteer Center	\$	0 \$	0 \$		955 \$		1 901 \$		,		0 \$	229,708
00440	SCCCC	\$	0 \$	0 \$	489,264 \$	8,880 \$	2,583.910 \$	83,987 \$	2,667,897 \$	\$	2.667.897 \$	0 \$	2,667,897
00442	Front St	\$	0 \$	0 \$		0 \$		0 \$		1,785,900	1.273,696 \$	0 \$	1,273,696
00443	SC FSA	\$	0 \$	0 \$	0 \$	0 \$		0 \$	159.056 \$	\$	159,056 \$	0 \$	159,056
00595	PV FSA	\$	0 \$	0 \$	0 \$	0 \$		0 \$		66,000	963 \$	0 \$	963
00656	PV Prev & SA	\$	0 \$	0 \$		0 \$		100 \$		\$	249,733 \$	0 \$	249,733
00657	Parents Center	\$	0 \$	0 \$	270,176 \$	6,576 \$	397,922 \$	13,140 \$	411,062 \$	\$	411,062 \$	(91,692) \$	319,370
00964	Unity Care	\$	0 \$	0 \$		0 \$		10,460 \$		230,264	209,394 \$	0 \$	209,394
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0		0 \$	0 \$	0 \$				0 \$		0 :			
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0		0 \$		0 \$									
0		0 \$		0 \$									
U		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 0 <b>\$</b>	\$	
	GRAND TOTAL												

(To Sch 1)

#### SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2005

		_	As Settled_	_	Audit Adjustments	As Audited
(1)	SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$	20,091,610	\$	(66,491) \$	20,025,119
(2)	Total SD/MC Claims		28,004,590		(18,263)	27,986,327
(3)	Percent % (Line 1/Line 2)		0.7174		(0.0019)	0.7155
(4)	EPSDT Claims		13,709,897		(18,263)	13,691,634
	Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		0.825.480		(20.116)	0.706.364
	(Line 3 X Line 4)		9,835,480		(39,116)	9,796,364
(6)	Cost Settled Baseline for EPSDT		2,454,604		0	2,454,604
(7)	Net Cost Settlement Amount					
• ,	(Line 5 - Line 6)		7,380,876		(39,116)	7,341,760
(8)	50% of Cost Settlement Amount					
, ,	(Line 7 x 50%)		3,690,438		(19,558)	3,670,880
(8a)	FY 2001-02 EPSDT Settlement		1,655,825		0	1,655,825
	(48.64% of net cost (8))					
(8b)	Annual Local Growth (L. 8 - 8a)		2,034,613		(19,558)	2,015,055
(9)	County Match 10% of Local Growth (8b x 10%)		203,461		(1,956)	201,506
(10)	Net Cost Settlement Amount (L. 8 - 9)		3,486,977		(17,602)	3,469,375
(11)	SGF Distribution (Settled and Audited)		3,486,977		(5,709)	3,481,268
(12)	SGF Due State	<u> </u>	(0)	<u> </u>		(11,893)
			<del></del>			(To Sch. 1)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

(12) Amount owed back to the state cannot be more than was paid.

Provider	<del></del> _				Provider Number	T .	No. of Adj.		Fiscal I	Period	Ended
	Santa Cruz				00044		109		June	30, 3	2005
	Report Refe	erence			-		As		Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS		Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO REPORTED COSTS			-		70000		
1	MH 1960	2	С	Encumbrances		\$	308,845	\$	(308,845)	\$	0
				To adjust the encumbrances to agree with the County's records and s documentation. This contractors's Cost adjustments and County's Hoadjustments should be included in Other Adjustments.							
2	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)		\$	(14,561,767)	\$	995,525	\$	(13,566,242)
				To reclassify general operating, telecom, patient data, patient accoun clerical support and department operating & labor costs from the Cou Contractors to the County Administrative Costs.							
3	MH 1960	4	С	OTHER ADJUSTMENTS		\$	(6,798,560)	\$	308,845	\$	(6,489,715)
				To reclassify Contractors' Cost adjustments and County's Hours/Conf from Encumbrances to Other Adjustments.	tract adjustments						
4	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$	16,815,210	\$	995,525	\$	17,810,735
				To adjust allowable costs for allocation to reflect the effect of adjustm 1 through 3 above.	nents						
5 6 7 8	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	C C C C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To adjust SD/MC, Healthy Families and Non-SD/MC administrative of adjustment 2 above. The distribution of SD/MC, Healthy Families administrative costs was based on the reported administrative costs on the cost reported.	and Non-SD/MC	\$ \$ \$ =	1,471,022 25,299 259,032 1,755,353	\$ \$ \$ =	834,270 14,348 146,907 995,525	\$ \$ \$ =	2,305,292 * 39,647 * 405,939 * 2,750,878 *
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.							

Provider	<del></del>				Provider Number	No. of Adj.	Fiscal F	Period Ended
	Santa Cruz				00044	109	June	30, 2005
	Report Refe	erence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.				<del> </del>	
				ADJUSTMENTS TO REPORTED COSTS	<u> </u>			i
9 10 11	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS	** ** **	\$ 2,305,292 \$ 39,647 \$ 405,939 \$ 2,750,878	\$ (98,769) \$ (20,026) \$ 118,795 \$ (0)	\$ 2,206,523 \$ 19,621 \$ 524,734 \$ 2,750,878
				To allocate SD/MC, Healthy Families and Non-SD/MC administrated based on the MAA percentage (84.00%). Outreach, Support and Families was considered before the SD/MC and Non-SD/MC coudetermined.	Healthy			
12 13	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ 1,004,166 \$ 30,903 \$ 400,000 \$ 1,435,069	\$ (158,777) \$ 158,777 \$ 0 \$ 0	\$ 845,389 \$ 189,680 \$ 400,000 \$ 1,435,069
				To reclassify Utilization Review Costs to move Operating costs fr Medical Personnel to Other SD/MC Utilization Review to agree w (DMH Letter 94-09).				
<u> </u>				ADJUSTMENTS TO REPORTED ALLOWABLE SD CONTRACT PROVIDERS	MC COST			
14	NH 1964	3	A :	SCCCC - OTHER 24 HOUR SERVICES (05-65)		\$ 1,508,958	\$ (252,119)	\$ 1,256,839
15	NH 1964 NH 1964	4 5	A	SCCCC - DAY SERVICES (MODE 10) SCCCC - OUTPATIENT SERVICES (MODE 15)		\$ 384,902 \$ 4,679,036	\$ 0 \$ (9.849)	\$ 384,902 \$ 4,669,187
ì	NH 1964	6	Α	SCCCC - OUTREACH SERVICES (MODE 45)	•	\$ 331,153	\$ 0	\$ 331,153
16	NH 1964	8	A	SCCCC - SUPPORT SERVICES (MODE 60) TOTAL		\$ <u>305,856_</u> \$7,209,905	\$261,969	\$ <u>567,825</u> \$ 7,209,905
						1		
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Department of Mental Health

Provider					Provider Number	No. of Adj.		Fiscal I	eriod	Ended
	Santa Cruz				00044	109		June	30, 2	005
_	Report Refe	erence				As		Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO REPORTED ALLOWABLE SD CONTRACT PROVIDERS	MC COST					
17 18	MH 1964 MH 1964 MH 1964	3 5 8	1 1 1	FRONT STREET - OTHER 24 HOUR SERVICES (MODE 05 ALI FRONT STREET - OUTPATIENT SERVICES (MODE 15 PROGF FRONT STREET - SUPPORT SERVICES (MODE 60) TOTAL  To reclassify room and board costs from Mode 05 and 15 to Mod accordance with the SD/MC Manual for the Rehabilitation Option	RAM 1 + PROGRAM 2) le 60, in	\$ 3,158,43 \$ 1,829,17 \$ 142,98 \$ 5,130,59	2	(344,059) 0 344,059 0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,814,374 1,829,172 487,047 5,130,593
19	MH 1964	1	1	Case Management, and CAC, Title 9, Section 1840.312.  MODE COSTS FROM MH 1960 (DIRECT SERVICES AND MAA  To adjust contract provider costs to eliminate the County adminis explained in adjustment 2 above. The following contractors were	trative costs	\$ 16,818,85	1 \$	(995,522)	\$	15,823,329
				SENECA CENTER DOMINICAN SC HOSPITAL VOLUNTEER CENTER SCCCC FRONT STREET FSA OF SANTA CRUZ FAMILY SERVICE OF PAJARO VALLEY PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE PARENTS CENTER UNITY TOTALS	00115 00232 00439 00440 00442 00443 00595 00656 00657 00964	\$ 32,52 1,311,78 985,32 7,209,96 5,130,55 365,81 2,22 574,81 750,36 455,4	22 00 05 03 33 61 11 60 64 12	(1,577) (43,218) (41,122) (460,786) (275,922) (28,010) (296) (55,961) (72,489) (16,141) (995,522)	\$	30,946 1,268,564 944,198 6,749,119 4,854,671 337,841 1,925 518,919 677,875 439,271 15,823,329
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.						

Provider		<del></del>			Provider Number	No. of Adj.	Fiscal Per	iod Ended
	Santa Cruz				00044	109		0, 2005
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED TOTAL UOS COUNTY AND CONTRACT PROVIDERS SANTA CRUZ COUNTY 00044	<u>5/TIME</u> <u>5</u>			
20 21 22 23	MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2	0000	SFC 10-60 SFC 10-85 MHS 15-40 MHS 15-60	Program 2 Program 2	562 194 348,060 68,440	(204) (109) 180 260	358 85 348,240 68,700
24 25 26 27	MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2		Volunteer Center 00439  SFC 15-01 SFC 15-10 SFC 15-30 SFC 15-40  SCCCC 00440		26,771 16,282 39,275 262,977	(26,620) 25,335 (27,605) 28,890	151 41,617 11,670 291,867
28	MH 1966	2	E	SFC 15-50  Pajaro Valley Prevention 00656		496,188	(58)	496,130
29	MH 1966	2	E	SFC 15-10  To adjust total units of service to agree with the County's PSP 14	12 report.	84,357	(24)	84,333
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.		riod Ended
	Santa Cruz				00044	109	June 3	30, 2005
	Report Refe	rence				As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
140.	oci.	LIIIC	OGI.	ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN				
30 31 32 33 34 35 36 37	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL		1,188,513 3,910,778 380 1,460 2,035 12,355 0 10,523 32,938 5,158,982	(2,220) (7,769) 0 (315) (775) 940 0 (640) (1,363) (12,142)	1,186,293 * 3,903,009 * 380 * 1,145 * 1,260 * 13,295 * 0 * 9,883 * 31,575 * 5,146,840 *
38	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims dated Feburary 25, 2009 (Excluding disallowed claims of 480 up submitted workpapers to the County which shows the details of the adjustments. Phase II was included.  MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL  To adjust the State DMH Approved Claims Report dated Febura the results of the EPSDT audit findings dated March 3, 2008. The State DMH Oversight Branch.	s Report s/vot). The auditor he above	1,186,293 3,903,009 380 1,145 1,260 13,295 0 9,883 31,575 5,146,840	0 (722) 0 0 0 0 0 0 0 0 0 (722)	1,186,293 * 3,902,287 * 380 * 1,145 * 1,260 * 13,295 * 0 * 9,883 * 31,575 * 5,146,118 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

	r				Provider Number	No. of Adj.		eriod Ended
	Santa Cruz			,	#REF!	109	June :	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN				
40 41 42 43 44 45 46 47	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the SD/MC, Enhanced and Healthy Families units of set to agree with the County's records (Excluding disallowed claims	5 **  **  **  **  **  **  **  **  ervice/time	1,186,293 3,902,287 380 1,145 1,260 13,295 0 9,883 31,575 5,146,118	5,170 12,954 0 315 775 (940) 0 640 463 19,377	1,191,463 * 3,915,241 * 380 * 1,460 * 2,035 * 12,355 * 0 * 10,523 * 32,038 * 5,165,495 *
48 49	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	The auditor submitted work papers to the County which shows the adjustments. Phase II was included.  MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the County's Record to incorporate the results of the E findings dated March 3, 2008. This audit was conducted by the Oversight Branch.	e details of the above	1,191,463 3,915,241 380 1,460 2,035 12,355 0 10,523 32,038 5,165,495	0 (722) 0 0 0 0 0 0 0 (722)	1,191,463 * 3,914,519 * 380 * 1,460 * 2,035 * 12,355 * 0 * 10,523 * 32,038 * 5,164,773 *

Provide	<del></del>				Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	Santa Cruz				00044	109	June 3	0, 2005
	Report Refe	rence				As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
140	OCH.	Line	COI.	ADJUSTMENTS TO REPORTED MEDICAL UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
50	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the County's records to include the allowable suspense un not included in the PSP 356 Report.	**  **  **  **  **  **  **  **  **  **	1,191,463 3,914,519 380 1,460 2,035 12,355 0 10,523 32,038 5,164,773	0 3,740 0 0 0 0 0 0 0 0 0 3,740	1,191,463 * 3,918,259 * 380 * 1,460 * 2,035 * 12,355 * 0 * 10,523 * 32,038 * 5,168,513 *
52 53 54 55 56 57 58 59	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the above mentioned units of service/time to incorporate to the lower of DMH approved units vs. the County's records by SF0 auditor submitted work papers to the County which shows details of adjustments. Phase II was included.	C. The	1,191,463 3,918,259 380 1,460 2,035 12,355 0 10,523 32,038 5,168,513	(5,980) (20,432) 0 (315) (540) 150 0 (655) (1,473) (29,245)	1,185,483 3,897,827 380 1,145 1,495 12,505 0 9,868 30,565 5,139,268
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	Santa Cruz				00044	109	June 3	0, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
60 61 62 63 64 65	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the above mentioned settled units of service/time for CProviders to agree with the State DMH Approved Claims Report dated Feburary 25, 2009 (Excluding disallowed claims of 12 uos/submitted workpapers to the County which shows the details of the	5 ontract uot). The auditor	1,053,949 3,510,535 0 0 3,058 13,905 0 20,182 72,473 4,674,102	819 4,327 49 47 (295) (332) 0 0 3,697 8,312	1,054,768 * 3,514,862 * 49 * 47 * 2,763 * 13,573 * 0 * 20,182 * 76,170 * 4,682,414
68 69 70	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	adjustments.  MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the State DMH Approved Claims Report dated Feburar the results of the EPSDT audit findings dated March 3, 2008. The by the State DMH Oversight Branch.	5 **  **  **  **  **  **  **  **  **  **	1,054,768 3,514,862 49 47 2,763 13,573 0 20,182 76,170 4,682,414	(773) (362) 0 0 0 0 0 0 0 (1,135)	1,053,995 * 3,514,500 * 49 * 47 * 2,763 * 13,573 * 0 * 20,182 * 76,170 * 4,681,279
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
_	Santa Cruz				00012	109	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNITS  CONTRACT PROVIDERS	S/TIME			
71 72 73 74 75 76	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the SD/MC, Enhanced and Healthy Families units of serve to agree with the County's records (Excluding disallowed claims of The auditor submitted work papers to the County which shows the adjustments. Phase II was included.	12 uos/uot).	1,053,995 3,514,500 49 47 2,763 13,573 0 20,182 76,170 4,681,279	496 202 (49) (46) 295 332 0 0 (3,287) (2,057)	1,054,491 * 3,514,702 * 0 * 1 * 3,058 * 13,905 * 0 * 20,182 * 72,883 * 4,679,222
79 80 81	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the County's Record to incorporate the results of the EPS findings dated March 3, 2008. This audit was conducted by the Sta Oversight Branch.		1,054,491 3,514,702 0 1 3,058 13,905 0 20,182 72,883 4,679,222	(773) (362) 0 0 0 0 0 0 0 0 (1,135)	1,053,718 * 3,514,340 * 0 * 1 * 3,058 * 13,905 * 0 * 20,182 * 72,883 * 4,678,087 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	•			·	Provider Number	No. of Adj.	Fiscal Per	riod Ended
	Santa Cruz				00044	109	June 3	0, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
82 83	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the County's records to include the allowable suspense not included in the PSP 356 Report.	5 ** ** ** ** ** **	1,053,718 3,514,340 0 1 3,058 13,905 0 20,182 72,883 4,678,087	0 454 0 0 0 0 0 0 0 454	1,053,718 * 3,514,794 * 0 * 1 * 3,058 * 13,905 * 0 * 20,182 * 72,883 * 4,678,541
84 85 86 87 88 89 90 91	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL  To adjust the above mentioned units of service/time to incorpora of the lower of DMH approved units vs. the County's records by 3 auditor submitted work papers to the County which shows details adjustments.	te the controls	1,053,718 3,514,794 0 1 3,058 13,905 0 20,182 72,883 4,678,541	(1,397) (5,305) 49 46 (295) (880) 0 0 (326) (8,108)	1,052,321 3,509,489 49 47 2,763 13,025 0 20,182 72,557 4,670,433
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.	Fiscal F	Period Ended
	Santa Cruz				00044	109	June	30, 2005
	Report Refe	rence				As	increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
	33		<u> </u>	ADJUSTMENTS TO REPORTED SD/MC SETTLE COUNTY PROVIDERS	<u>-EMENT</u>			·
92	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SET OTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - COUNTY PROVIDERS  To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familie		\$ 6,203,067 \$ 70,225 \$ 6,273,292	\$ 0 \$ (121) \$ (121)	\$ 6,203,067 \$ 70,104 \$ 6,273,171
93 94	МН 1979 МН 1979	23 27	J	the Final Settlement dated April 2, 2007.  TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED STOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - COUNTY PROVIDERS  To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familia	D/MC)	\$ 6,203,067 \$ 70,104 \$ 6,273,171	\$ 310,384 \$ (6,925) \$ 303,459	\$ 6,513,451 \$ 63,179 \$ 6,576,630
				to adjustments to costs and units of service/time.				
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provider	·				Provider Number	No. of Adj.	Fiscal	Period Ended
	Santa Cruz				00044	109	June	e 30, 2005
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Cot.	EXPLANATION OF AUDIT ADJUSTM	MENTS	Reported .	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTI	LEMENT			
95 96	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SIT TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - CONTRACT PROVIDERS  To adjust the SD/MC (FFP) and Healthy Families (FFP) due to a to costs and units of service/time.	·	\$ 5,534,847 \$ 114,478 \$ 5,649,325	\$ (236,401) \$ (4,890) \$ (241,291)	\$ 5,298,446 \$ 109,588 \$ 5,408,034
				Seneca Center Dominican Hosp Volunteer Center SCCCC Front Street FSA of Santa Cruz FSA of Pajaro Pajaro Valley Prev. Parents Center Unity Care Group	00115 00232 00439 00440 00442 00443 00595 00656 00657	\$ 16,262 166,268 238,056 2,794,441 1,342,651 173,211 1,111 278,373 429,558 209,395 \$ 5,649,325	\$ (789) 24,784 (8,348) (126,544) (68,955) (14,155) (148) (28,640) (18,496) (1) \$ (241,291)	\$ 15,473 191,052 229,708 2,667,897 1,273,696 159,056 963 249,733 411,062 209,394 \$ 5,408,034
97	Sch. 3b	Total	30	TOTAL REIMBURSEMENT - CONTRACT PROVIDERS  To adjust Total Reimbursement - Contract Providers to limit FFP insufficient matching funds.  Seneca Center LE# 00115 (Mode 10)  Dominican Hospital LE# 00232 (Mode 10)  Parents Center LE# 00657 (Mode 15)  Totals	reimbursement due to  (\$9,290) (128,784) (91,692)  (\$229,766)	\$ 5,408,034	\$ (229,766)	\$ 5,178,268
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provider	<u> </u>		<del></del>		Provider Number	Т	No. of Adj.		Fiscal	Period	I Ended	$\neg$
	Santa Cruz				00044		109			e 30, :		l
	Report Ref	erence				1	As		<u> </u>		As	$\neg$
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS		Reported		Increase (Decrease)		As Adjusted	
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENE	RAL FUNDS							
98	SCH 4	1	3	SD/MC ACTUALS		\$	20,091,610	\$	(66,491)	\$	20,025,119	
				To adjust SD/MC actuals as a result of adjustments to total computa as reflected in the MH 1979 forms for both the County Program and providers. The amounts utilized for this purpose was SD/MC and E Outpatient services only.	its contract							
99 100	SCH 4 SCH 4	2 4	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$	28,004,590 13,709,897	\$	(313,142) (313,142)	\$ \$	27,691,448 13,396,755	*
				To adjust total SD/MC claims and EPSDT claims to include the resu audit of the EPSDT Program conducted by the State Department of reflected in the report dated March 3, 2008. The Report covered the July 1, 2004 through June 30, 2005. This represents the original re-	Mental Health as e period from							
101 102	SCH 4 SCH 4	2 4	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	J	27,691,448 13,396,755	\$ \$	313,142 313,142	\$ \$	28,004,590 13,709,897	*
				To adjust total SD/MC claims and EPSDT claims to reverse the origincluded in adjustments 99 and 100 above. The revised findings aft Claims and EPSDT Claims" will be taken in adjustments 103 and 100 above.	fecting "Total SD/MC			<u> </u> 				
103 104	SCH 4 SCH 4	2 4	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	1.0	28,004,590 13,709,897	\$	(18,263) (18,263)	\$ \$	27,986,327 13,691,634	
				To adjust total SD/MC claims and EPSDT claims to include the resurevised audit of the EPSDT Program conducted by the State Depart as reflected in the report dated March 3, 2008. The Report covered July 1, 2004 through June 30, 2005. This represents the revised re-	tment of Mental Health I the period from							
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.								

Department of Mental Health

Provider	<del></del>				Provider Number		No. of Adj.		Fiscal F	eriod	Ended	
	Santa Cruz				00044		109	_	June	30, 2	2005	
	Report Ref	erence				As			Increase		As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	ΓS 		Reported	(Decrease)			Adjusted	
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERA	L FUNDS							
105	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$	3,486,977	\$	(17,602)	\$	3,469,375	
				To adjust net cost settlement amount as a result of adjustments to SD/(Total Computable Medical), total SD/MC claims and EPSDT claims.	MC actuals							•
106	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$	3,486,977	\$	(286)	\$	3,486,691	*
				To adjust State General Fund Distribution to include the results of the audit of the EPSDT Program conducted by the State Department of Mireflected in the report dated March 3, 2008. The Report covered the p July 1, 2004 through June 30, 2005. This represents the SGF original	ental Health as eriod from							
107	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$	3,486,691	\$	286	\$	3,486,977	*
			ı	To adjust State General Fund Distribution to reverse the original SGF included in adjustment 106 above. The revised findings affecting "Sta Distribution" will be taken in adjustments 108 below.								
108	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$	3,486,977	\$	(5,709)	\$	3,481,268	•
				To adjust the State General Fund Distribution to reflect the results of the findings included in the final report dated March 3, 2008.	ne revised EPSDT							
109	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$	3,481,268	\$	(11,893)	\$	3,469,375	
	•			To adjust state general funds due State to incorporate the results of a through 108 above.	djustments 98							
	H											
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.								

#### **CALCULATION OF PROGRAM COSTS**

MH 1960 (Rev. 7/05)

County: Santa Cruz County Code: 44

	Legal Entity: SANTA CRUZ COUNTY	Α	B	С
Leg	gal Entity Number: 00044	Salaries		Total
		and Benefits	Other	Costs _
1	Mental Health Expenditures	16,326,200	21,582,403	37,908,603
2_	Encumbrances	_		
3	Less: Payments to Contract Providers (County Only)		(13,566,242)	(13,566,242)
4	Other Adjustments from MH 1962	(3,499,155)	(2,990,560)	(6,489,715)
5	Total Costs Before Medi-Cal Adjustments	12,827,045	5,025,601	17,852,646
6	Medi-Cal Adjustments from MH 1961		(41,911)	(41,911)
7_	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			17,810,735
	Administrative Costs (County Only)			
9	SD/MC Administration			2,206,523
10	Healthy Families Administration			19,621
11	Non-SD/MC Administration			524,734
12	Total Administrative Costs			2,750,878
Ĺ				
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			845,389
14	Other SD/MC Utilization Review			189,680
15	Non-SD/MC Utilization Review			400,000
16	Total Utilization Review Costs			1,435,069
17	Research and Evaluation (County Only)			
<u> </u>				
18	Mode Costs (Direct Service and MAA)			13,624,788
L				
19	Total Costs - Lines 9 through 18			17,810,735

FISCAL YEAR 2004 - 2005

#### MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Santa Cruz County Code: 44

	Legal Entity: SANTA CRUZ COUNTY A B								
<u> </u>			В	<u>C</u>					
<u>Le</u>	gal Entity Number: 00044	Salaries		Total					
		and Benefits	Other	Adjustments					
1_	Use Allowance		(234,049)	(234,049)					
2	Depreciation		279,137	279,137					
3	Interest		628,113	628,113					
4	A-87 Adjustment		1,508	1,508					
5	Intrafund Transfers		1,472,197	1,472,197					
6	SB-163 Match		(220,773)	(220,773)					
7	Managed Care		(1,720)	(1,720)					
8_	Non Mental Health Expenditures		(15,000)	(15,000)					
9	Accruals		7,303	7,303					
10	Building Cost Allocations		(234,342)	(234,342)					
11	Patient Acctg & Data		(1,521,378)	(1,521,378)					
12	Operating Costs Allocations		(202,907)	(202,907)					
13									
14									
15									
16									
17									
18									
19									
20	Total Adjustments		(41,911)	(41,911)					
20	Trotal Aujustinents		[ (41,911)]	(41,511)					

#### OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Santa Cruz County Code: 44

Legal Entity: SANTA CRUZ COUNTY	Α	В	
Legal Entity Number: 00044	Salaries		Total
	and Benefits	Other	Adjustments_
1 ADP Admin	0	0	
2 Detention	(379,891)	(338,978)	(718,869)
3 FQHC	(3,019,264)	(999,354)	(4,018,618)
4 Inpatient Hospital	0	(858,255)	(858,255)
5 Dept of Rehab	(100,000)	(50,000)	(150,000)
6 State Hospital		(1,052,815)	(1,052,815)
7 Hours and Contractors Adjustments		308,845	308,845
8 Rounding		(3)	(3)
9			
10			
11			
12			
13			
14			
15			
16			
17	ţ		
18			
19	<del>                                     </del>		
20 Total Adjustments	(3,499,155)	(2,990,560)	(6,489,715)

#### PAYMENTS TO CONTRACT PROVIDERS

MH 1963 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Santa Cruz County Code: 44

Α	В	С	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	Telecare	00108	77,902
2	Seneca Center	00115	27,604
3	Dominican	00232	1,209,248
4	Crestwood	00241	224,000
5	Volunteer Center	00439	837,665
6	SCCCC	00440	5,782,714
7	Front St.	00442	3,255,158
8	SC FSA	00443	302,954
9	PV FSA	00595	1,544
10	PV Prev & SA	00656	438,139
11	Parents Center	00657	584,511
12	7th Avenue	00849	406,313
13	Unity Care	00964	418,490
14			
15			
16			_
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18			
19	<u> </u>		
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30 31 32 33 34 35 36	<u> </u>		
35			
36			
37 38			
38			
	Total Payments to Contract Providers		13,566,242

#### **ALLOCATION OF COSTS TO MODES OF SERVICE**

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Santa Cruz County Code: 44

	Legal Entity: SANTA CRUZ COUNTY	A
Le	gal Entity Number: 00044	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	13,624,788
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	61,297
4	Day Services (Mode 10)	141,597
5	Outpatient Services (Mode 15 Program 1 + Program 2)	12,479,147
6	Outreach Services (Mode 45)	228,334
7	Medi-Cal Administrative Activities (Mode 55)	425,448
8	Support Services (Mode 60)	288,965
9	Total - Lines 2 through 8	13,624,788

# ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: Santa Cruz County Code: 44

NR

	County Code: 44  Legal Entity: SANTA CRUZ COUNTY  egal Entity Number: 00044			NR					
L.	Legal Entity: SANTA CRUZ COUNTY		A	В	C	D <sub>.</sub>	E	F	G
Leç	al Entity Number: 00044	O# CEC'	Made 7-1-	Service	Service	Service	Service	Service	Service
-	Mode: 05 - Other 24 Hour Services (All	Omer SEC)	Mode Total	Function	Function	Function	Function	Function	Function
1-	Allocation Percentage		100.00%	60 100.00%					
2	Total Units		100.0076	457					
3	Gross Cost		61,297	61,297					
	Cost per Unit		<u> </u>	10,000		sara katan ka	e e elegazione lele	arego e legislar	20, 20 10 10 10
5	SMA per Unit		Little Archivire	_134.13					
6	Published Charge per Unit			_					
7	Negotiated Rate / Cost per Unit			_					
8	<u> </u>	07/04/04 00/00/04			<u> </u>				
8A	Medi-Cal Units	07/01/04 - 09/30/04							
9		10/01/04 - 06/30/05 07/01/04 - 09/30/04							
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05	Telephone distriction						
10		07/01/04 - 09/30/04							_
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05							
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A	<u> </u>	10/01/04 - 06/30/05							
12	Non-Medi-Cal Units			457					
13		07/01/04 - 09/30/04		i .elei .elefele.	1.1 (1.14)				· · · · · · · · · · · · · · · · · · ·
13A	Medi-Cal Costs	10/01/04 - 06/30/05	· 1						
14	Madi Cal CMA II I in:	07/01/04 - 09/30/04					1		
14A	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05							1
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A	Micui-Cai F ublished Charges	10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04	_					1	
16A		10/01/04 - 06/30/05							
17	Adada - Adada Oli	07/01/04 - 09/30/04	*****				1		1
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05							
18	Madiagra/Madi Cat Crassauer SMA II I imita	07/01/04 - 09/30/04					l		
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05							
19	Medicare/Medi-Cat Crossover Published Charges	07/01/04 - 09/30/04							
19A	mosical entition out of 0330 ver Fubilished Offarges	10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04				L			ľ
20A	The second secon	10/01/04 - 06/30/05	1			L	l., .,	ļ	
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04	<del>                                     </del>			1		1	
21A	Enhanced SD/MC Costs	10/01/04 - 06/30/05							
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
22A	Crimanosa 30/MC 3MA Opper Limits	10/01/04 - 06/30/05							
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A		10/01/04 - 06/30/05				1	1		<u> </u>
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04			<b>_</b>	ļ			
244		10/01/04 - 06/30/05				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>		
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29	Liver Constitution Constitution	07/01/04 - 09/30/04					1	1	1
294	Healthy Families Costs	10/01/04 - 06/30/05	1		l	1	1		İ
30	07/01/04 - 09/30/								
30A	10/01/04 - 06/30/05								
31	Healthy Families Bublished Charges 07/01/04 - 09/30/04								
31A	10/01/04 - 06/30/05								
32	Healthy Families Negotiated Rates 07/01/04 - 09/30/04							ļ	<u> </u>
32A		<u> </u>				Į.,. ,	ļ <u>.</u>	<b>.</b>	
33	Non-Medi-Cal Costs	<del></del>	61,297	61,297	1			<del>                                     </del>	<del> </del>
	•	_						·	

#### ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: Santa Cruz

	County: Santa Cruz			МП	ND				
	County Code: 44			NR	NR NR				
100	Legal Entity: SANTA CRUZ COUNTY gal Entity Number: 00044		A	B Service	C Service	D Service	E Service	Service	G Service
1	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
$\vdash$	Midde, 10 - Day gervices		Middle rotal	60	85	, directori	T direction	T direction	, ancion
1	Allocation Percentage		100.00%	77.33%	22.67%		-		
2	Total Units		Parada La	358	85				
3	Gross Cost		141,597	109,500	32,097				
4	Cost per Unit	<u> </u>		305.87	377.61				
5	SMA per Unit			555.57	189.33		_		
6	Published Charge per Unit				207.79				
7	Negotiated Rate / Cost per Unit	otiated Rate / Cost per Unit			189.33				
8	<u> </u>	07/01/04 - 09/30/04			85				· · · -
8A	Medi-Cal Units	10/01/04 - 06/30/05			<del></del>		-		
9		07/01/04 - 09/30/04				-			
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05		1	_				
10	E. b	07/01/04 - 09/30/04							
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05					_		
12	Non-Medi-Cal Units			358					
13		07/01/04 - 09/30/04	32,097	· · · · · · · · · · · · · · · · · · ·	32,097	. 1-1 1 - 1-1-1-	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
134	Medi-Cal Costs	10/01/04 - 06/30/05	32,031		- 02,007				
14	` <del> </del>	07/01/04 - 09/30/04	16,093		16,093	_		<del>                                     </del>	
144	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05	10,000			-			
15	14 50 17 15 101	07/01/04 - 09/30/04	17,662		17,662				
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05							
16	Madi Cal Manelisted Dates	07/01/04 - 09/30/04	16,093		16,093				
16/	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05							
17		07/01/04 - 09/30/04	41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100010101111111111111111111111111111111	T	1 1-1-1	V 4	<u> </u>	
17.4	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05						1	
18	Madiana Madi Cal Casana SMA Hana Limita	07/01/04 - 09/30/04		_					
18/	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
194	Medicale/Wedi-Cal Crossover Fublished Charges	10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20/		10/01/04 - 06/30/05						<u> </u>	
21		07/01/04 - 09/30/04					1		
21/	Enhanced SD/MC Costs	10/01/04 - 06/30/05							
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
22/	Limanced String Sink Opper Limits	10/01/04 - 06/30/05							
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23 <i>F</i>	Cinicipes Spirio i abilistica Stialiges	10/01/04 - 06/30/05			L				L
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04						<u> </u>	<del> </del>
24/	1	10/01/04 - 06/30/05	<del> </del>				<del> </del>	<b></b>	ļ
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	1			1	1		
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05						<u> </u>	
29		07/01/04 - 09/30/04	1.44		200 (300 )		11	A. A. A. S.	
29/	Healthy Families Costs	10/01/04 - 06/30/05							
30	<del> </del>	07/01/04 - 09/30/04	1					1	
30/	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05							
31	Healthy Families Bublished Charges	07/01/04 - 09/30/04							
31/	Healthy Families Published Charges	10/01/04 - 06/30/05							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04							
32/	A	10/01/04 - 06/30/05					1	1	L
33	Non-Medi-Cal Costs		109,500	109.500	0	<del> </del>	1	<b>†</b>	1
50			1 .00,0						

# ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 2 FISCAL YEAR 2004 - 2005

	County: Santa Cruz County Code: 44			NR	NR	NR	NR	NR	NR
	Legal Entity: SANTA CRUZ COUNTY		A	В	<del>c</del> T	D	E (	F	G
1 00	gal Entity Number: 00044		^	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient Services (Progra	m 1)	Mode Total	Function	Function	Function	Function	Function	Function
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01	10	30	40	50	60
1	Allocation Percentage		100.00%	7.36%	25.51%	7.52%	52.12%	1.94%	0.76%
2	Total Units		1, 15 (12)	444,101	1,376,042	397,317	3,075,730	109,373	94,230
3	Gross Cost		12,014,874	883,869	3,064,618	904,018	6,262,730	232,636	91,385
4	Cost per Unit			1.99	2.23	2.28	2.04	2.13	0.97
5	SMA per Unit			1.89	2.44	2.44	2.44	2.44	4.51
6	Published Charge per Unit	<del></del>		2.07	2.67	2.67	2.67	2.67	4.95
7	Negotiated Rate / Cost per Unit				1.86	1.86	1.86	1.86	0.82
				1.47	to a substitution of the			1717 1 17 1	
8	Medi-Cal Units	07/01/04 - 09/30/04		108,609	263,506	60,247	590,060	11,358	21,130
8A	<del> </del>	10/01/04 - 06/30/05		267,022	888,164	228,415	1,991,172	71,568	64,660
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04				380			
9A_		10/01/04 - 06/30/05				1,110	35		
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04			265	60	930		
10A		10/01/04 - 06/30/05		435	1,735	760	7,520		
-	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05	Lander decid						
11	Healthy Families (SED) Units	07/01/04 - 09/30/04		165	2,677	1,792	5,009		
11A	_' _ `_'	10/01/04 - 06/30/05		395	8,140	5,245	14,033	482	
12	Non-Medi-Cal Units	<del>, _ , , , , , , , , , , , , , , , , , ,</del>		67,475	211,555	99,308	466,971	25,965	8,440
13		07/01/04 - 09/30/04	2,284,026	216,158	586.861	137,080	1,201,466	24,158	20,492
13A	Medi-Cal Costs	10/01/04 - 06/30/05	7,574,474	531,439	1,978,052	519,714	4,054,378	152,225	62.708
14		07/01/04 - 09/30/04	2,624,806	205,271	642,955	147,003	1,439,746	27,714	95,296
144	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05	8,742,354	504,672	2,167,120	557,333	4,858,460	174,626	291,617
15	<del></del>	07/01/04 - 09/30/04	2,873,069	224,821	703,561	160,859	1,575,460	30,326	104,594
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05	9,568,809	552,736	2,371,398	609,868	5,316,429	191,087	320,067
16		07/01/04 - 09/30/04	1,964,621	159,655	490,121	112,059	1,097,512	21,126	17.327
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05	6,547,605	392,522	1,651,985	424,852	3,703,580	133,116	53,021
-		<u> </u>	100 Jan 100 Land	332,322	1,001,000	14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,700,300	150,110	30,02
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04	865			865			
17A		10/01/04 - 06/30/05	2,597			2,526	71		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04	927			927			
18/	Wedicare received of 010330461 OWA Opper Entities	10/01/04 - 06/30/05	2,794			2,708	85		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04	1,015			1,015			
194	The district of the state of th	10/01/04 - 06/30/05	3,057	_		2,964	93		
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04	707			707			
204	Weddelchwed-da Grossover regulates reales	10/01/04 - 06/30/05	2,130			2,065	65		
21		07/01/04 - 09/30/04	2.620	1	590	137	1.894	· · · · · · · · · · · · · · · · · · ·	
21/	Enhanced SD/MC Costs	10/01/04 - 06/30/05	25,437	866	3,864	1,729	15,312	<del></del>	<del>                                     </del>
22	<del>\</del>	07/01/04 - 09/30/04	3,062		647	146	2,269		
22/	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05	27,763	822	4,233	1,854	18,349		-
23	<del> </del>	07/01/04 - 09/30/04	3,351	02.2	708	160	2,483	<del>-</del>	<del></del>
23/	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05	30,394	900	4,632	2,029	20,078		<del></del>
24	<del> </del>	07/01/04 - 09/30/04	2,334		493	112	1,730	<del></del>	<del> </del>
24/	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05	21,772	639	3,227	1,414	13,987		
	1	THE STREET STREET	41,172		7,227	1,1	10,007		277 1 2
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	<del> </del>					<u> </u>	ļ
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	<u> </u>	<u> </u>					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05	<b></b>	<b> </b>		<u></u>			ļ
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05	1						
29		07/01/04 - 09/30/04	21,762	328	5,962	4,077	10,199	F	l
29/	Healthy Families Costs	10/01/04 - 06/30/05	68,232	786	18,129	11,934	28,574	1,025	<del>                                     </del>
30	<del></del>	07/01/04 - 09/30/04	24,255	312	6,532	4,372	12,222	.,,,,,,	
30/	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05	74,141	747	19,862	12,798	34,241	1,176	<del>                                     </del>
31	<del> </del>	07/01/04 - 09/30/04	26,546	342	7,148	4,785	13,374	1.170	<del>                                     </del>
31/	Healthy Families Published Charges	10/01/04 - 06/30/05	81,156	818	21,734	14,004	37,468	1,287	<del>                                     </del>
32	<del></del>	07/01/04 - 09/30/04	18,688	243	4,979	3,333	9.317	1,207	<del>                                     </del>
32/	Healthy Families Negotiated Rates	57,793	581	15,140	9,756	26,101	897	<del> </del> -	
		10/01/04 - 06/30/05					pagaranan daga paga		
133	Non-Medi-Cal Costs		2,034,861	134,292	471,159	225,956	950,835	55,227	8,185

# ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 2 OF 2 FISCAL YEAR 2004 - 2005

County: Santa Cruz County Code: 44

NR

County Code: 44  Legal Entity: SANTA CRUZ COUNTY			NR						
		H	1	J	К	_ L	M	N	
Leg	al Entity Number: 00044		Service						
	Mode: 15 - Outpatient Services (Progra	m 1)	Function						
. 1	Allegation Decomptage		70						
1	Allocation Percentage Total Units		4.79% 108,333						
3	Gross Cost		575,619						
3	<del>reference de la companya del companya de la companya del companya de la companya</del>	<del> </del>	1775	the engage	<del></del>			<del> </del>	
4	Cost per Unit		5.31						
5	SMA per Unit		3.63						
	Published Charge per Unit								
7	gotiated Rate / Cost per Unit		3.63		_				
8		07/01/04 - 09/30/04	18,408						
8A	Medi-Cal Units	10/01/04 - 06/30/05	51,936						
9		07/01/04 - 09/30/04							
9A	Medicare/Medi-Cat Crossover Units	10/01/04 - 06/30/05							
10		07/01/04 - 09/30/04		-	_			-	
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05	690						
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05		<del></del>			_	<del></del>	
11		07/01/04 - 09/30/04	225			-	<del> </del>	<b> </b>	<b> </b>
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05	1,465					<del>                                     </del>	
12	Non-Medi-Cal Units	10/0/104 - 00/30/03	35,609						<del> </del>
	And the state of t	<u>, , , , , , , , , , , , , , , , , , , </u>	T 1424.41 141 1414 4			delegatelete e e	. 1		
13	Medi-Cal Costs	07/01/04 - 09/30/04	97,809						
13A		10/01/04 - 06/30/05	275,958						
14_	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	66,821						
14A		10/01/04 - 06/30/05	188,528						
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	73,448						
15A	Medi-Cai r dolished Charges	10/01/04 - 06/30/05	207,225						
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04	66,821						
16A	Medi-Cai Negotialed Rales	10/01/04 - 06/30/05	188,528						
17		07/01/04 - 09/30/04			1011 Tellinger	<u> </u>	25, 15, 2, 25,		
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	-	4				<del></del>	_
18	<del></del>	07/01/04 - 09/30/04			-	<del> </del>			
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05					<del></del>	-	<del></del>
19							+		
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04 10/01/04 - 06/30/05					-	<del></del>	<del></del>
20		07/01/04 - 09/30/04							<del> </del>
	Medicare/Medi-Cal Crossover Negotiated Rates						<del></del>		-
20A		10/01/04 - 06/30/05	Language at Teller et et	<u> </u>	1 141 1 1 1 1 1 1 1 1 1			<u> </u>	I triburi o
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04					1		
21A	Elinanceu SD/MC Costs	10/01/04 - 06/30/05	3,666						
22	Enhanced SD/MC CMM Harry Limits	07/01/04 - 09/30/04							
22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05	2,505			1	1		
23	Cabanad CDMC Dublish at Change	07/01/04 - 09/30/04							
23A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05	2,753					<u> </u>	
24	E	07/01/04 - 09/30/04	<u> </u>		<del></del>			1	t -
244	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05	2,505						<del>-</del>
- :	F-1-100000 (D.4	Approximate the second	2,000		107 25.200		11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	<del></del>	1		<u> </u>	ļ	ļ	<b></b> _
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	<del>                                     </del>			<b>_</b>	<b>_</b>		<b>_</b>
27	Enhanced SD/MC (Refugees) Published Charges		<b></b>	<u> </u>	<del></del>		<u> </u>	<b>_</b>	<u> </u>
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05					<u> </u>	L	ļ
29	<u> 2000 - 180</u>	07/01/04 - 09/30/04	1,196		1	1	1	<del>                                     </del>	1
29A	Healthy Families Costs	10/01/04 - 06/30/05	7,784		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	1	<del>                                     </del>
30	<del>                                     </del>	07/01/04 - 09/30/04	817	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
30A	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05	5,318	<del> </del>	<del></del>		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>
31		07/01/04 - 09/30/04	898	<del></del>	<b> </b>	<del></del>	<del>                                     </del>	<del></del>	<del></del>
31A	Healthy Families Published Charges	10/01/04 - 06/30/05	5,845		<del>-</del>	<b></b>	<del></del>	+	-
	<del>\</del>	07/01/04 - 06/30/05		<del>                                     </del>	1	┼──	<del> </del>	<del> </del>	<del></del>
32 32A	Healthy Families Negotiated Rates	10/01/04 - 09/30/04	817		<del>                                     </del>	ļ	<del> </del>	<del>                                     </del>	<del>                                     </del>
		10/01/04 - 00/30/05	5,318	11. 110. 110.	L	100000	La caracteria	<u> </u>	ــــــــــــــــــــــــــــــــــــــ
33	Non-Medi-Cal Costs		189,206						1

#### ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 2 FISCAL YEAR 2004 - 2005

	County: Santa Cruz County Code: 44			TBS	ASO	ASO	ASO	MHS	MHS
Ė	Legal Entity: SANTA CRUZ COUNTY		A	В	С	D	E	F	G
Le	gal Entity Number: 00044			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient Services (Progra	m 2)	Mode Total	Function	Function	Function	Function	Function	Function
		·	][	50	30	40	60	30	40
1_	Allocation Percentage		100.00%		0.23%	1.53%	0.00%	4.88%	72.87%
2	Total Units		101070		2,040	13,080	30	16,320	348,240
3	Gross Cost	2.2	464,273		1,066	7,083	14	22,643	338,333
4	Cost per Unit				0.52	0.54	0 47	1.39	0 97
5	SMA per Unit			2.44	2.44	2.44	4.51	2.44	2.44
6	Published Charge per Unit		احتتانا						
7	egotiated Rate / Cost per Unit								
8_	Medi-Cal Units	07/01/04 - 09/30/04			420	1,440		4,860	86,580
8A	- Wedroal Oliks	10/01/04 - 06/30/05		_	1,620	10,680	30	11,340	260,340
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC Units	07/01/04 - 09/30/04						60	180
10/	N	10/01/04 - 06/30/05						60	960
_	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05			<u> </u>				
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11/	<u> </u>	10/01/04 - 06/30/05	11,14						400
12	Non-Medi-Cal Units	<u>, ang ang ito day</u> to a				960		2	180
13	Medi-Cal Costs	07/01/04 - 09/30/04	116,346		219	780		6,743	84,117
13/	Medi-Cai Costs	10/01/04 - 06/30/05	343,507		847	5,783	14	15,734	252,934
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	309,493		1,025	3,514		11,858	211,255
14/	Miedi-Oar Strik Opper Entites	10/01/04 - 06/30/05	919,659	· _	3,953	26,059	135	27,670	635,230
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15/	A mean our abnotted offarges	10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							_
16/	\	10/01/04 - 06/30/05							
17	11.5- 11.50 10	07/01/04 - 09/30/04							
17/	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04				_			
18	Medicare/Medi-Cai Crossover SMA Opper Limits	10/01/04 - 06/30/05				,			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19	Medicale/Medi-Cal Crossover Fublished Charges	10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20	4)	10/01/04 - 06/30/05							
21	4 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	07/01/04 - 09/30/04	258				11111111	83	175
21.	Enhanced SD/MC Costs	10/01/04 - 06/30/05	1,486					83	933
22		07/01/04 - 09/30/04	586		<del>                                     </del>			146	439
22	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05	4,045			_		146	2,342
23		07/01/04 - 09/30/04	1	_					
23.	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05							
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
24.	A Chilanoed Solvic Negotiated Rates	10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	1	Star Factor		<u> </u>	11 1 14 14 14 14 14 14 14 14 14 14 14 14		
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	+		<del>                                     </del>				
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05	<del> </del>	_	<del>                                     </del>		<b>-</b>		
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05	$\overline{}$			l —			
			10.1000 a.s.	<u></u> 15,-715	1070 Str			11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
29	Healthy Families Costs	07/01/04 - 09/30/04	1		<u> </u>		_	-	
29	A	10/01/04 - 06/30/05	1,096		<b> </b>				
30		07/01/04 - 09/30/04	7.531		<del>                                     </del>				
30		10/01/04 - 06/30/05	3,631		ļ		<del> </del>	<u> </u>	<u> </u>
31	Healthy Families Published Charges	07/01/04 - 09/30/04	<del> </del>		<del> </del>	<b> </b>		<del></del>	
31		10/01/04 - 06/30/05	<del> </del>		<u> </u>	<b> </b>			
32 32		07/01/04 - 09/30/04 10/01/04 - 06/30/05	1		l		<u> </u>	<del> </del>	
	<u> Sana Timur ayan dari sebagai kasar basa da</u>	10/01/04 - 00/30/03	1000		44 41,412411	14.414,4141.14	224 11 11		
33	Non-Medi-Cal Costs		1,580		(0)	520	<u> </u>	(0)	175

# ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 2 OF 2 FISCAL YEAR 2004 - 2005

County: Santa Cruz

MHS MHS County Code. 44 Legal Entity: SANTA CRUZ COUNTY м Legal Entity Number: 00044 Service Service Service Service Service Service Service Mode: 15 - Outpatient Services (Program 2) Function Function Function Function Function Function Function 50 60 Allocation Percentage 0.34% 20.15% Total Units 68,700 2,760 Gross Cost 93,545 1,589 Cost per Unit 0.58 1.36 SMA per Unit 2.44 4.51 Published Charge per Unit Negotiated Rate / Cost per Unit 07/01/04 - 09/30/04 1,380 17,400 Medi-Cal Units 1,380 8A 10/01/04 - 06/30/05 49,500 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Units 10/01/04 - 06/30/05 07/01/04 - 09/30/04 10 Enhanced SD/MC Units 10/01/04 - 06/30/05 345 10B Enhanced SD/MC (Refugees) Units 07/01/04 - 06/30/05 07/01/04 - 09/30/04 Healthy Families (SED) Units 10/01/04 - 06/30/05 805 12 Non-Medi-Cal Units 650 13 07/01/04 - 09/30/04 795 23,693 Medi-Cal Costs 13A 10/01/04 - 06/30/05 795 67,401 07/01/04 - 09/30/04 3,367 78,474 Medi-Cal SMA Upper Limits 14A 10/01/04 - 06/30/05 3,367 223,245 07/01/04 - 09/30/04 Medi-Cal Published Charges 15A 10/01/04 - 06/30/05 16 07/01/04 - 09/30/04 Medi-Cal Negotiated Rates 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Costs 17A 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/04 - 06/30/05 18A 19 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Published Charges 19A 10/01/04 - 06/30/05 07/01/04 - 09/30/04 20 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Enhanced SD/MC Costs 21A 10/01/04 - 06/30/05 470 07/01/04 - 09/30/04 Enhanced SD/MC SMA Upper Limits 10/01/04 - 06/30/05 1,556 07/01/04 - 09/30/04 Enhanced SD/MC Published Charges 23A 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Enhanced SD/MC Negotiated Rates 24A 10/01/04 - 06/30/05 25 Enhanced SD/MC (Refugees) Costs 07/01/04 - 06/30/05 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/04 - 06/30/05 27 Enhanced SD/MC (Refugees) Published Charges 07/01/04 - 06/30/05 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 - 06/30/05 07/01/04 - 09/30/04 Healthy Families Costs 29A 10/01/04 - 06/30/05 1,096 07/01/04 - 09/30/04 Healthy Families SMA Upper Limits 30A 10/01/04 - 06/30/05 3,631 31 07/01/04 - 09/30/04 Healthy Families Published Charges 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Healthy Families Negotiated Rates 10/01/04 - 06/30/05 33 Non-Medi-Cal Costs 885

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

#### ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: Santa Cruz

	County Code: 44		NR					
	Legal Entity: SANTA CRUZ COUNTY	A	В	С	D	E	F	G
Le	gal Entity Number: 00044		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach Services	Mode Total	Function	Function	Function	Function	Function	Function
			20			<u> </u>		
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		5,075					
3	Gross Cost	228,334	228,334					
4	Cost per Unit		44.99	<u>. Marting (k. 1971)</u>		<u> </u>	s <u></u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5	Non-Medi-Cal Units		5,075					
6	Non-Medi-Cal Costs	228,334	228,334			<u> </u>		

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: Santa Cruz

	County Code: 44		MAA	MAA	MAA	MAA	MAA	
	Legal Entity: SANTA CRUZ COUNTY	A	В	C	D	E	F	G
Le	gal Entity Number: 00044		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
			01	04	11	24	31	
1	Allocation Percentage	100.00%	24.80%	0.40%	20.11%	17.54%	37.14%	
2	Total Units		43,668	170	26,140	44,076	72,788	
3	Total Expenditures	425,448	105,532	1,717	85,544	74,630	158,025	
4	Cost per Unit		2.42	10.10	3.27	1.69	2.17	
5	Non-Medi-Cal Costs	50,920						

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

#### ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: Santa Cruz County Code: 44

County Code: 44		CR	CR	CR	CR		
Legal Entity: SANTA CRUZ COUNTY	Α	В	C	D	E	F	Ğ
Legal Entity Number: 00044		Service	Service	Service	Service	Service	Service
Mode: 60 - Support Services	Mode Total	Function	Function	Function	Function	Function	Function
		20	30	40	60		
1 Allocation Percentage	100.00%	28.55%	50.25%	17.80%	3.40%		
2 Total Units		1,375	2,420	3,650	164		
3 Gross Cost	288,965	82,500	145,200	51,448	9,817	-	
4 Cost per Unit		60.00	60.00	14.10	59.86	·····	
5 Non-Medi-Cal Units (Same as Line 2)		1,375	2,420	, 3,650	164		
6 Non-Medi-Cal Costs (Same as Line 3)	288.965	82,500	145,200	51,448	9,817		<u> </u>

#### DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

	County: Santa Cruz County Code 44					7		1			Г		
	Legal Entity: SANTA CRUZ COUNTY		_	В	REIMBURS	EMENT TYPE	PC F	-	NR G		-	Costs	- к
Lega	Entry Number 00044						Total				Total		Total
	<del>-</del>			Mode 55		Total	Inpatient				Outpatient		Outpatient
						MAA	Mode 05			Mode 15	Exclude	Mode 15	(Col i + Col J)
						1	Hospital	Mode 05		Outpatient	Program (2)	Outpatient	
,			5.5 - 04.00	S F 's 11-19,	6 5 1: 04 00	1 '	Inpatient	Other 24 Hour	Mode 10	Services		Services	
		07/01/04 - 09/30/04	S F s 01-09	31-39	S F s 21-29	entition of the	Services	Services	Day Services 32.097	Program (1) 2,284,026	2,316,123	Program (2) 116,346	2,432,469
1A	Medi-Cal Costs	10/01/04 - 06/30/05	1111			1 1 1 1		-	32.091	7,574,474	7,574,474	343,507	7.917.981
2		07/01/04 - 09/30/04	4.11.11.11			landalah da da			16,093	2,624,806	2,640,899	309,493	2,950.392
ŽA	Medi-Cal SMA	10/01/04 - 06/30/05	100000						.=,-=+	8,742,354	8,742,354	919,659	9,662,013
3	Medi-Cal P C	07/01/04 - 09/30/04	4			1111			17,662	2,873,069	2.890.731		2 890,731
ЗА		10/01/04 - 06/30/05	F . 1 6234						l	9.568,809	9,568,809		_9,568,809
4	Medi-Cal N R	07/01/04 - 09/30/04	1						16.093	1,964,621	1,980,714	11111111	1,980,714
4A	——————————————————————————————————————	10/01/04 - 06/30/05				11111				6,547,605	6,547,605	<del></del>	6,547,605
5	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04							16,093	1.964,621	1,980,714	116,346	2,097,060
5A	THE GOOD OF COMMENT OF THE PARTY OF THE PART	10/01/04 - 06/30/05						I		6,547,605	6.547.605	343,507	6.891.112
6		07/01/04 - 09/30/04	Para Carlotta							865	865		865
6A	Medicare/Medi-Cal Crossover Cost	10/01/04 - 06/30/05	11.55		111 7 1 1 1 1 1					2,597	2,597	_	2,597
7	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04	diameter.	., 1,111.1.11.1.1		e printer de la comp				927	927		927
7A	- Constitution of the cons	10/01/04 - 06/30/05								2.794	2,794		2.794
8	Medicare/Medi-Cal Crossover P. C.	07/01/04 - 09/30/04	تتنسب			التجابيا ببا				1,015	1,015	التنابسين	1,015
8A		10/01/04 - 06/30/05 07/01/04 - 09/30/04	<del> </del>		l		L	<del> </del>	1	3.057 707	3,057		3.057
9 9A	Medicare/Medi-Cal Crossover N. R.	10/01/04 - 09/30/04	<del>                                     </del>		<del>Marial de la composicione de la</del>			<del> </del>	<del></del>	2,130	2,130		2.130
	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>  - : : : : : : : . : . : . : . : . : . :</del>			<del> </del>		<u> </u>					
10_	Medicare/Medi-Cal Crossover Gross Reim	07/01/04 - 09/30/04	. 3.4 82		rate di della	44:30:5 <u>7</u>				707	707		707
10A		10/01/04 - 06/30/05	propision.		<u> </u>				<u> </u>	2,130	2,130		2,130
11	Total SD/MC + Crossover Gross Reim	07/01/04 - 09/30/04			1 1 1 1 1	leir dere		1	16,093	1.965,328	1.981,421	116,346	2.097,767
11A	I DIAI SUMIC 7 CIOSSOVET Gross Reim	10/01/04 - 06/30/05		rai di	Burner 1 fr	. Halifeli di de				6,549,734	6,549,734	343,507	6,893.241
12	<u> Nagranda ing kalabatan kanalah dari baratan baratan dari baratan bar</u>	07/01/04 - 09/30/04	100		100			1	1277 1 127	2,620	2.620	258	2,878
12A	Enhanced SD/MC (Children) Cost	.10/01/04 - 06/30/05			1 1 1 1 1 1 1	Badda 17	<u> </u>	<del>                                     </del>		25,437	25,437	1,486	26,923
13	5-1	07/01/04 - 09/30/04	100,000	10.011					-	3,062	3.062	586	3.648
13A	Enhanced SD/MC (Children) SMA	10/01/04 - 06/30/05		P 80 1 1998	<u>Daile and</u>	Halidia 11		1		27.763	27,763	4,045	31,808
14	Enhanced SD/MC (Children) P. C	07/01/04 - 09/30/04	1. 1.		441 [1.44]					3.351	3.351		3,351
14A		10/01/04 - 06/30/05								30,394	30,394		30.394
15	Enhanced SD/MC (Children) N R	07/01/04 - 09/30/04	<u> </u>	P. 11 4 191		<u> </u>				2,334	2,334		2.334
15A		10/01/04 - 06/30/05	-	1881	2 11 12 12 12 12	1 1 2 1 1 1 1 1 1			1	21,772	21.772		21,772
16	Enhanced SD/MC (Children) Gross Reim.	07/01/04 - 09/30/04	100	11111111111	Mar. 444 E	194				2.334	2.334	258	2,592
16A	Enhanced 3D/MC (Children) Gross Rein.	10/01/04 - 06/30/05			Thursday and					21.772	21,772	1,486	23:258
17	Enhanced SD/MC (Refugees) Cost	07/01/04 - 06/30/05		10.1 (Co. 1)				<del></del>					
18	Enhanced SDMC (Refugees) SMA	07/01/04 - 06/30/05	12 11 11 11 11	1000	ti miti	1							
19	Enhanced SDMC (Refugees) P. C.	07/01/04 - 06/30/05	Etra Est	For this is		Hardida.		1				1 1 1	
20	Enhanced SD/MC (Refugees) N R	07/01/04 - 06/30/05	THEFT CLUBS	11 11 11 1	1.2								
21	Total Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04	1	<del> </del>	<del> </del>		1 1 1 1 1 1 1		16.093	1,967,662	1,983,755	116,604	2,100,359
21A	(Excludes Refugees)	10/01/04 - 06/30/05	<del>                                     </del>		<del>}                                    </del>	<del>lanii lali</del>	<del></del>		10,093	6,571,506	6,571,506	344,993	6,916,499
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/04 - 06/30/05	1		1	1	1	<del>                                     </del>		0,371,300	0,577,500	344,333	0,510,455
					<del> </del>	1	122	11. 11.	1.00			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	24 700
23	Healthy Families Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05		1, 11, 121, 111				<b>↓</b> ——		21.762	21.762	1000	21,762
23A	L—————————————————————————————————————	07/01/04 - 09/30/05		1111111111111			1	<del> </del>	<del>                                     </del>	68,232	68,232	1,096	69,328
24 24A	Healthy Families SMA	10/01/04 - 09/30/05	11111111111		100 100 100 100 100 100 100 100 100 100	<del>Parlacit</del>	<del></del>	+	+	24,255 74,141	24.255 74.141	3,631	24,255 77,771
24A 25		07/01/04 - 09/30/04		1	1 1 1 1 1		<del>                                     </del>	<del> </del>	<del>                                     </del>	26.546	26,546	3,031	26,546
25A	Healthy Families P. C	10/01/04 - 06/30/05	140	<u> Distribusioni</u>	District Co.	Andrew Grant	1	-	1	81,156	81,156		81,156
26	Healthy Families N. R.	D7/D1/04 - 09/30/04			Trie, hardain	THE EAST OF				18.688	18,688	<u>Principalis a</u>	18,688
26A	reality ratifies IV IV.	10/01/04 - 06/30/05	Transfel i							57,793	57,793	1. 26	57,793
27		07/01/04 - 09/30/04	1	100 100 100 100 100 100 100 100 100 100	Profession.	1.1.1.1.1.1.1	+	+ == ==	1	18.688	18,688		18,688
27A	Healthy Families Gross Reim	10/01/04 - 06/30/05	12	<del>litte iili</del>	<del>                                      </del>		1	<del>                                     </del>		57.793	57.793	1,096	58,889
1	Less: Patient and Other Payor Revenue	,	To the second	to diffe	Hiji Halib		Figure 1	Fr Placeto	100 000	Property of the	1	1	33,333
28		07/01/04 - 09/30/04	11 11 11				1	1	1	15.446	15,446		15,446
28A	SD/MC + Crossover Revenue	10/01/04 - 06/30/05	Timber in		<b>T</b> obalish		1	1	1	52,424	52,424		52.424
29	Enhanced SD/MC (Children) Revenue		Military 1	Train idea	t Till still file	1 1 1 1 1 1 1 1 1							
30	Enhanced SD/MC (Refugees) Revenue		A	<u> 1 I n labe</u>	1 da la da				1				
31	Healthy Families Revenue		pia Lin	<u> 4 ja 146 ja</u>	<u>problem of</u>		1		1	ļ	1		<u> </u>
32	Total Expenditures from MAA (Mode 55)		107,249	243,569	74,630	425,448	10 10 10 10			Harrid — i	Palata Control	T 11 1 12 1	
33	Medi-Cal Eligibility Factor (Average)				.00%	11111111							
34	Revenue - MAA												
35	NAP - COAC (- P) - C	07/01/04 - 09/30/04	107.249	204,592	62.687	374.528	1	1	16.093	1,952,216	1.968.309	116 604	2,084,913
35A	Net Due - SD/MC for Direct Services	10/01/04 - 06/30/05		1	1 - 31.33	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<del>                                     </del>	1	10,030	6,519,082	6,519,082	344,993	6.864.075
36	Net Due - Enhanced SD/MC (Refugees)		10.11.00.00										
37	Net Due - Healthy Families	07/01/04 - 09/30/04		Transfer to 1	Tiberii ii					18,688	18,688		18,688
37A	The See Albanity Farmings	10/01/04 - 06/30/05	1			4	1	J	1	57.793	57.793	1.096	58 889
F-	Amount Negotiated Rates Exceed Costs	<u> </u>	<del> </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		<del>Propositi</del>		1	144.44	1	<u> </u>	<b>†</b>
38		07/01/04 - 09/30/04	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 111 1 1111			1	1	1	1	<del> </del>		1
38A	SD/MC (Includes Children)	10/01/04 - 06/30/05		Arion in the									
38A 39	Enhanced SD/MC (Refugees)			Hair Land									
40	Healthy Families	07/01/04 - 09/30/04	1	Tara Tarah	H. Haller		1					1	1
40A		10/01/04 - 06/30/05	Latellier	L i i i	<u> </u>	<u> dilitaana</u>	<u>1</u>		1			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	1

#### SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Santa Cruz County Code: 44

Legal Entity: SANTA CRUZ COUNTY		A	В	<u> </u>	<u> </u>	F	F	G	- н		
Legal Entity Number: 00044		Total	Total	Total		50.00%	50.00%	50.00%	Variable %	75.00%	Total
,		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County Only)			, - 1000 a			Attacked Transcriptor	1 19 30 14		person in the same	1 1 1 1 1 1 1	e Table
1 County SD/MC Direct Service Gross Reimbursement				9,016,858	9,016,858						
2 Contract Providers Medi-Cal Direct Service Gross Reimbursement			2,225,502	11,130,855	13,356,357						
3 Total Medi-Cal Direct Service Gross Reimbursement					22,373,215						
4 Medi-Cal Administrative Reimbursement Limit					3,355,982	hadisələrini ildə d					
5 Medi-Cal Administration				te Heaters	2,206,523						
6 Medi-Cal Administrative Reimbursement					2,206,523	1,103,262			His 1 . 10 . 10 . 14. 1		1,103,262
Healthy Families Administrative Reimbursement (County Only)			11,1,144, 44.	100 100 100 100 100 100 100 100 100 100				THE NAME OF	1 11 11 11 11 11		
7 County Healthy Families Direct Service Gross Reimbursement				77,577	77.577	Branch Children C.	100			and the spaces	
7A Contract Providers Healthy Families Direct Service Gross Reim.		486. T. 1466.		174,911	174,911						
7B Total Healthy Families Direct Service Gross Reimbursement				etiani di din	252,488			Propinsi			
8 Healthy Families Administrative Reimbursement Limit			ara dalake siri		25,249				्रांग संस्थित है। ह		
9 Healthy Families Administration					19,621		hadishii jerih				
10 Healthy Families Administrative Reimbursement				ta itti di gila	19,621			., 1	12,754		12,754
SD/MC Net Reimbursement for MAA											<del>* **</del>
11 Medi-Cal Admin. Activities Svc Functions 01 - 09		107,249			107.249	53.625			100		53,625
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		204.592			204,592	102,296	History Control				102,296
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)		62,687			62,687				Tari mali m	47,016	47,016
to a line of the control of the cont		11 12 1 1 1 1 1 1 1 1 1			045 300					(24.042	(34.042
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)					845,389	94.840			<del> </del>	634,042	634,042 94,840
15 Other SD/MC Utilization Review (County Only)					189,680	94,840	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<del> </del>		94,840
16 16A SD/MC Net Reimbursement for Direct Services	07/01/04 - 09/30/04			2,082,321	2,082,321		1,041,161				1,041,161
	10/01/04 - 06/30/05			6,840,817	6,840,817			3,420,409	probability in		3,420,409
17 17A Enhanced SD/MC Net Reimb. (Children)	07/01/04 - 09/30/04			2,592	2,592		ka nadiadi.		1,685		1,685
	10/01/04 - 06/30/05			23,258	23,258				15,118		15,118
18 Enhanced SD/MC Net Reimb (Refugees)								据信息 <u>。</u> - 1. 排行			
19 Total SD/MC Reimbursement Before Excess FFP		had to all the					Later Company	the training of			6,513,451
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh SD/MC			1	1	<u> </u>			1	Tar Palati		
21 Total SD/MC Reimbursement (FFP)						<del>dinimiki eti</del>					6,513,451
22 Contract Limitation Adjustment								Para la	THE STA		
23 Adjusted Total SD/MC Reimbursement (FFP)				. statie italiju							6,513,451
24 07/01/04 - 0				18,688	18,688	<del></del>			12,147		12,147
Healthy Families Net Reimbursement	10/01/04 - 06/30/05		<del>                                     </del>	58,889	58,889		<del>[</del>	<del> </del>	38,278		38,278
25 Total Healthy Families Reimbursement Before Excess FFP		<del>Marille area</del>	4 147 144	20,869			<del>la da da da da</del>	<del> </del>	30,2/8		63,179
26 Amount Negotiated Rates Exceed Costs - Healthy Families			<del> </del>	4	<del>                                      </del>	+	1	<del> </del>	<del>                                     </del>		05,179
27 Total Healthy Families Reimbursement		<del> </del>	to a second	1 400 - 1 141	Barre Contains on a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>                                     </del>	1		<del> </del>	63,179
21 Total Deality Families Reinbursement		<u> 1</u>	<u> </u>	<u> 1</u>	<u>ىمىنى دادادادىنى دارىدادىد</u>	<u> جند کیک میکا لاندنا، حنصلہ</u>	<u> </u>	<u> 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	حضيت كالمتضياء	نىخىنى	03,179

## Santa Cruz County Community Mental Health Services MANAGEMENT COMMENTS AND RECOMMENDATIONS

for Fiscal Period Ended June 30, 2005

#### **Comment: Insufficient State Financial Participation** 1.

Our examination disclosed that Form MH 1992 of the cost reports of several providers rendering services to the County on a contractual basis did not have sufficient matching funds to justify the amount of Federal Financial Participation (FFP) included in the various cost reports.

Section 433.50 of Title 42 of the Code of Federal Regulations (CFR) states, in part:

"(a) Basis. This part interprets and implements—(1) Section 1902(a)(2) of the Act, which requires States to share in the cost of medical assistance expenditures and permits both state and local governments to participate in the financing of the non-federal portion of the medical assistance expenditures,,,."

According to Section 433.51(a):

"Funds from units of local governments may be considered as the State' share in claiming FFP if they meet the conditions specified in paragraphs (b) and (c) of this section.

- (b) The funds from units of government are appropriated directly to the State of Local Medicaid agency, or are transferred from other units of government (including Indian tribes) to the State of local agency and are under its administrative control, or are certified by the contributing unit of government as representing expenditures eligible for FFP under this section. Certified public expenditures must be expenditure within the meaning of 45 CFR 95.13 that are supported by auditable documentation in a form approved by the secretary..."
- "The funds from units of government are not federal funds, or are federal funds authorized by federal law to be used to match of other federal funds."

Based on the contents of the MH 1992 for several contract providers of Santa Cruz County, sufficient state financial participation was not supportable. Adjustments were made for these particular contract providers. Please see Adjustment No. 97.

# Santa Cruz County Community Mental Health Services MANAGEMENT COMMENTS AND RECOMMENDATIONS

for Fiscal Period Ended June 30, 2005

#### **Audit Authority**

- > Title 42 Sections 433.50 and 433.51
- Cost and Financial Reporting System (CFRS) Instruction Manual Fiscal Year 2004-2005

#### Recommendation

We recommend that the County ensure that sufficient matching funds are available for all public expenditure that have been certified for FFP. The lack of adherence to this requirement will continue to result in audit exceptions in the future.

#### Auditees Response

Santa Cruz County does have sufficient matching funds available on a countywide basis for all certified FFP expenditures.

This audit finding is the result of the County calculating FFP on the state cost report spreadsheet based on the negotiated rates (approved by the State Department of Mental Health) per the cost report instructions. The FFP calculated in the state cost report spreadsheet directly affected the amount of other funding that could be reported, as total funding cannot exceed 100% of costs. If the State reduces the amount of FFP claimed per this finding, other County funds could be inserted into the State cost report spreadsheet, thereby providing the FFP match required. The audit report uses the original funding sources reported which fails to recognize that if FFP is reduced, county over-match needs to be increased to account for the total funding. It is the County's position that FFP should not be reduced below 50% of the amount paid to the contractor for Medi-Cal services. Also, Audits is not allowing the correction of incorrect revenue allocations which directly affects the amount of county over-match used to fund the payments to contractors.

In summary, the County of Santa Cruz does have sufficient matching funds for all public expenditures. However, the mechanics of the required State cost report spreadsheet does not properly reflect how match is displayed for each negotiated rate service for each provider, thereby leading to this audit finding.